# Exhibit 9

State of California ex. rel. Ven-A-Care of the Florida Keys, Inc. v. Abbott Laboratories, Inc., et al.

Exhibit to the Declaration of Rita Hanscom in Support of Plaintiffs' Opposition to Dey, Inc. and Dey, L.P.'s Motion for Partial Summary Judgment

### DEY LABORATORIES

### MEMORANDUM

TO: Distribution

Cc: Helen Burnhám

FROM:

Carrie Jackson ( 🔿

DATE:

February 2, 1994

RE:

Medicare/Medicaid/Formulary Update

Attached please find an updated Medicare/Medicaid/State Formulary Status Report.

As a reminder, this status report is broken out in three parts. Part one has state formulary updates or applications. Part two lists all products covered under Medicare within that particular state and any changes to code numbers or allowables. Information missing from either the Code or Allowable columns denotes that I am in the process of contacting the state to update the required information. Part three lists all products covered under Medicaid within that particular state and any changes to code numbers or allowables. Once again, missing information in either the Code or Allowable columns is in the process of being updated. Please discard your old Medicare report dated August 13, 1993.

I hope the attached is helpful. Updates will be issued as necessary. Should you have any questions or suggestions for report enhancement please do not hesitate to contact me

/cjj



## State of: Alaska

February 2, 1994

- Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	Code	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.25/mL
Acetylcysteine 20%	J7615	\$1.58/mL
Albuterol 0.083%	J7620	\$1.40/ud
Cromolyn Sodium/20 mg	J7630	<b>Y Y</b>
Isoetharine 0.1%	J7650	\$0.25/mL
Isoetharine 0.125%	J7651	70.22,
Isoetharine 0.167%	J7652	\$0.25/mL
Isoetharine 0.2%	J7653	\$0.23/mL
Isoetharine 0.25%	J7654	ψ0.23/ MB3
Metaproterenol 0.6%	·J7672	\$1.05/ud
Metaproterenol 0.4%	J7670	\$1.05/ud
Not Otherwise Class.	J7699	71.03/ dd

Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799

Drugs, Other than Inhalation Administered through DME

All sodium chloride and water products are considered part of the medication costs and will not be reimbursed if billed separately.

3) Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$3.45 - \$11.46		AWP - 5%

# State of: Alabama

February 2, 1994

- Formulary No state formulary for generic substitution
- 2) Medicare No information received. Follow-up request sent.
- 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$5.4C	.50 - \$3.00	WAC + 9.2%

## State of: Arizona

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodius/20 mg	J7630	
Isostharine 0,18	17650	
Isoetharine U.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 7.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%		
Not Otherwise Class.	J7699	
Drugs, Inhalation Solu	tion Admin	istered through DME
Not Otherwise Class.	J7799	
Drugs, Other than Inha		inistered through DME

Claims for drugs and biologicals used in conjunction with DME require medical documentation. DME must be prescribed by physician; drug has been ordered by attending physician; drug must be reasonable & necessary. Note that drugs which can be administered by any of the following methods will be excluded from coverage:

Aerosol; MDI; tablets; capsules; syrup; parenteral injection.

3) Medicaid - AHCCS/Arizona Health Care Cost Containment System

## State of: Arkansas

- Formulary Not necessary to be on state formulary for generic substitution
- 2) Medicare (Use local codes)

Product	<u>Code</u>	<u> Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine (all) Metaproterenol 0.6% Metaproterenol 0.4% 82003 82005 Remaining saline (excluding 83003/8300	W8050 W8060 W8010 W8070 W8030 W8020 W8140 W8150 W8150	\$1.34/mL \$1.62/mL \$1.42/ud \$0.78/ud \$1.40/ud \$1.40/ud

## Allowable based on Redbook pricing

3) Medicaid

<u>Dispensing Fee</u>	Co-Pay	Reimburse. Basis
\$4.51 + 103 EAC	\$0.50 - \$3.00	AWP 10.5%

## California

- 1) Formulary · Not necessary to be on state formulary for generic substitution
- 2) Medicare Wrong information sent. Questionnaire resubmitted.
- 3) Medicaid (Medi-Cal) Dispensing Fee: \$4.05/Rx; Data 'Source: Medi-Cal List of Contract Drugs (1st Databank) Co-Pay: \$1.00 (Optional)

Product	Reimbursable	Reimbursement Rate
18104	Y	AWP - 5% (\$1.3419/cc)
18110	Y	AWP - 5% (\$1.2749/cc)
18130	Y	AWP - 5% (\$1.1662/cc)
18200	PA	AWP - 5%
18204	Y	AWP - 5% (\$1.6103/cc)
18210	Y	AWP - 5% (\$1.5409/cc)
18230	<b>Y</b> ´	AWP - 5% (\$1.4684/cc)
69703	PA	AWP - 5% (\$0.4091/cc)
69760	PA	AWP - 5%
65902	PA	AWP · 5%
66003	PA	AWP - 5%
66103	PA .	AWP - 5%
66405	PA	AWP - 5%
67603	Y	AWP - 5% (\$0.3895/cc)
67803	PA	AWP - 5%
03003	Y	AWP - 5% (\$0.0773/cc)
03005	Y	AWP - 5% (\$0.0464/cc)
03010	PA	AWP - 5%
03020	PA	AWP - 5%
63003	Y	AWP · 5% (\$0.0773/cc)
63005	Y	AWP 5% (\$0.0464/cc)
64015	PA	AWP 5%
64115	PA	AWP - 5%
82003	PA	AWP - 5%
82005	PA	AWP 5%
83003	PA	AWP · 5%
83005	PA	AWP - 5%
83015	PA	AWP 5%
50120	PA	AWP · 5%
50300	PA	AWP - 5%

Product	<u>Reimbursable</u>	Reimbursement Rate
81003 81005	PA PA	AWP - 5% AWP - 5%
Key:	PA = Prior authorization Cal Field Office Co - = Price not in the Me Price must be manua	nsultant di-Cal computer file.

### Colorado

. February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

Product	, <u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.25% Metaproterenol 0.6% Metaproterenol 0.4% Not Otherwise Class.	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654 J7672 J7670	\$1.41/mL \$1.69/mL \$0.43/mL \$0.70/mL \$0.31/mL \$0.31/mL \$0.15/mL \$0.22/mL \$0.28/mL \$0.28/mL \$0.28/mL
nor ornerwise class.	J7699	

Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799

Drugs, Other than Inhalation Administered through DME

Sodium Chloride and water do not fall under inhalation solutions/drugs and are therefore considered supplies which are included in reimbursement for equipment.

#### 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.08	\$2.00 (Trade \$0.50 (Gener	

Connecticut February 2, 1994

- Formulary No state formulary for generic 1) substitution
- 2) Medicare - (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodjum/20 mg	J7530	
Isoetharine 0.1%	J7650	
Isoetharing 0 125%	37651	
Isoetharine : 67%	J/652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J76 <b>7</b> 0	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administered the	rough DME
Not Otherwise Class.	J7799	3

Drugs, Other than Inhalation Administered through DME

Sodium chloride and water not covered under current policy. Sodium chloride is included in reimbursement of medication administered via nebulizer. Use codes J7699 and J7799. Each claim is reviewed on a case-by-case basis and fees determined from Redbook.

#### 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.10*		AWP - 8%

Incentive fee added to pharmacy reimbursement for dispensing lower cost product

# District of Columbia February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare · (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1%	J7610 J7615 J7620 J7630 J7650	RIOWADIE
Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.25% Metaproterenol 0.6% Metaproterenol 0.4%	J7651 J7652 J7653 J7654 J7672 J7670	

CONFIDENTIAL DL-0050033

<u>Product</u> <u>Code</u> <u>Allowable</u>

Not Otherwise Class. J7699

Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799

Drugs, Other than Inhalation Administered through DME

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.50	\$ 0.50	AWP · 10%

## Delaware

February 2, 1994

- Formulary Must be on state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	Code	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Adminis	tered through DME
NOC Otherwise Class.	J7799	_
Drugs, Other than Inhal	ation Admir	istered through DME

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.65	\$ 0.50	AAC/AWP - 6%

### Florida

- 1) Formulary Not necessary to be on state formulary for generic substitution
- Medicare (Uses local codes for compounded drugs and national codes for originally manufactured drugs)

## Compounded Drugs:

<u>Code</u>	<u>Allowable</u>
W4079	\$7.24/4mL
W4179	\$0.29/mL
<b>W4</b> 1'73	\$0.18/mL
W4 (74	\$0.63 <b>/m</b> L
W4175	\$0.89/mL
W4177	\$0.21/mL
W4180	\$0.01/mL
W4181	\$0.22/3mL
W4182	\$0.22/5mL
	W4079 W4179 W4173 W4174 W4175 W4177 W4180 W4181

## Non-compounded drugs:

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.47/mL
Acetylcysteine 20%	J7615	\$1.77/mL
Albuterol 0.083%	J7620	\$1.80/3mL
Cromolyn Sodium	J7630	\$0.74/2mL
Isoetharine 0.1%	J7650	\$0.82/5mL
1soetharine 0.125%	J <b>7</b> 651	\$0.64/4mL
Isoetharine 0.167%	J7652	\$1.53/3mL
Isoetharine 0.2%	J <b>7</b> 653	\$0.67/2.5mL
Isoetharine 0.25%	J7654	\$0.70/2mL
Metaproterenol 0.4%	J7670	\$1.58/2.5mL
Metaproterenol 0.6%	J7672	\$1.65/mL

### 3) Medicaid

Dispensing Fee	<u>Co-Pay</u>	Reimburse. Basis
\$4.23	\$ 1.00	WAC + 7%

Source: Blue Book

# Georgia Pébruary 2, 1994

- Formulary No state formulary for generic substitution
- 2) Medicare -

Not covered by a Medicare Durable Medical Equipment Supplier Contact DME Unit at (912) 921-3078 for additional details.

3) Medicaid

Dispensing Fee Co-Pay Reimburse, Basis

\$4.41 AWP - 10%

Source: First Data Bank

### Hawaii

· February 2, 1994

- Formulary Must be on state formulary for generic substitution
- 2) Medicare -

82003/82005/83003/83005/83015/50120/50300/81003/81005 not listed in 1993 Redbook, not assigned HCPCS code, and no allowances for Hawaii have been determined. Use code J3490 and brief description of product when submitting claims.

3) Medicaid

Dispensing Fee Co-Pay Reimburse. Basis

\$4.67

Source: First Data Bank

## Idaho

February 2, 1994

AWP - 10.5%

- Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
	J7699	
Drugs, Inhalation Solut		through DME
Not Othornico Class	17700	

Not Otherwise Class. J7799
Drugs, Other than Inhalation Administered through DME

### 3) Medicaid

<u>Dispensing Fee</u>	Co-Pay	<u>Reimburse. Basis</u>
\$4.30		AWP

## Illinois

February 2, 1994

- 1) Formulary Must be on state formulary for generic substitution
- 2) Medicare -

Use national codes for the following:

Product	<u>Code</u>	<u> Allowable</u>
Acetylcysteine 10%	J7610	\$1.32/mL
Acetylcysteine 20%	J7615	\$1.58/mL
Albuterol 0.083%	J7620	\$1.58/ud
Cromolyn Sodium/20 mg	J7630	\$0.76/mL
Isoetharine 0.1%	J7650	\$0.34/mL
Isoetharine 0.125%	J7651	\$0.21/mL
Isoetharine 0.167%	J7652	\$0.28/mL
Isoetharine 0.2%	J7653	\$0.34/mL
Isoetharine 0.25%	J7654	\$0.42/mL
Metaproterenol 0.6%	J7672	\$0.42/mL
Metaproterenol 0.4%	J7670	\$0.42/mL
Not Otherwise Class.	J7699	, ,
Drugs, Inhalation Solu		through DME
Not Otherwise Class	.T7799	3

Not Otherwise Class. J7799

Drugs, Other than Inhalation Administered through DME Hypertonic Saline J7130 Solution, 20 cc vial

Use local codes for the following:

Product	Code	<u>Allowable</u>
Sterile Saline Solution 1 mL for use in DME Equipment	W1008	\$0.14/mL

### 3) Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$3 58*		AWP · 10%

or 10% x cost for drugs > \$35.80

All drug products, 64015, 64115, 82003, 82005, 50120, 50300, and water are not covered unless they get prior approval prior to dispensing.

Source: Blue Book

## Indiana

February 2, 1994

- 1) Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

## 3) Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$4.00		AWD - 10%

Please direct medicaid providers with questions to the Provider Assistance Unit of E.D.S. at (800) 346-3819 or (317) 875-0177.

Iowa

February 2, 1994

- 1) Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

CONFIDENTIAL DL-0050038

Product	Code	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0 1%	J7650	
Isoetharine 0 125%	J7651	
Isoetharine ().167%	J7652	
Isoctharine 1.2%	J7653	
Isoetharine 0 25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.		
Drugs, Inhalation Soluti	on Administered thro	ough DME
Not Otherwise Class.	J7799	_
Drugs, Other than Inhala	tion Administered t	hrough DME

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.02 - \$6.25	\$1.00	AWP - 10%

## Kansas

- Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	Code	<u>Allowable</u>
Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.2% Sodium Chloride; 82003* Sodium Chloride; 82005* Sodium Chloride; 83003* Sodium Chloride; 83005* Sodium Chloride; 83005* Sodium Chloride; 83015* Nebu-Sol; 50120	J7650 J7651 J7652 J7653 J7654 J7672 J7670 A4610 A4610 A4610	\$.25 per ud \$.50 per ud \$.25 per ud \$.50 per ud \$1.25 per ud \$.25 per ud
	111040	\$.50 per ud

<u>Product</u> <u>Code</u> <u>Allowable</u>

Not Otherwise Class. J7699
Drugs, Inhalation Solution Administered through DME
Not Otherwise Class. J7799
Drugs, Other than Inhalation Administered through DME

- \* Code accordingly with description of product Source: First Data Bank
- Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.85 - \$6.97	\$1.00	AWP - 10%

All drugs "generally non-covered" unless prior authorization is received. Specifically, the following sodium chloride solutions are covered without prior authorization: 03003, 03005, and 03020. Source: Medi-Span

## Kentucky

February 2, 1994

- Formulary Not necessary to be on state formulary for generic substitution
- 2) Medicare No information received. Follow-up request sent.
- Medicaid

## Dispensing Fee Co-Pay Reimburse, Basis

Outpatient: \$4.75 AWP - 10%

Nursing Home: \$5.75

Source: Medi-Span

All products except water are covered. Must receive

prior authorization.

## Louisiana February 2, 1994

- 1) Formulary · No state formulary for generic substitution
- 2) Medicare Returned. Forwarding order expired. Follow-up request sent.
- Medicaid

Dispensing Fee Co-Pay Reimburse. Basis \$5,30 AWP - 10.5%

Maine William February 2, 1994

- Formulary No state formulary for generic subsellution
- 2) Medicare (Use national codes)

Product	Code	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut		ough DME
Not Otherwise Class.	J <b>7</b> 799	· <b>-</b>
Druge Other than Inhal	neine Nami-inches	hamman DMT

Drugs, Other than Inhalation Administered through DME

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.35	Up to \$3.00	EAC/AWP · 5%*

Reimbursement rate is lowest of: 1) MAC; 2) Maine MAC; 3) EAC; 4) AWP; 5) Usual and customary which includes lowest price a provider will accept from any third party as payment for the service.

Source: First Data Bank

## Maryland

February 2, 1994

- 1) Formulary · Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

Reimburses according to AWP. Use NDC number as reimbursement code.

## 3) Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$4.94 - \$6.17	\$1.00	WAC + 10%

## Massachusetts

February 2, 1994

- Formulary Must be on state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	Code	<u>Allowable</u>
Acetylcysteine 10%	J7610	
	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administered thr	ough DME
Not Otherwise Class.	J7799	
Drugs, Other than Inhal	ation Administered t	hrough DME

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse, Basis
\$4.06	\$0.50	WAC + 10%

## Michigan

- Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetyloysteine 10%	J7610	\$1.91
Acetyloysteine 20%	37615	\$2.29
Albuterol 0.083%	J7620	\$ .47
Cromolyn Sodium/20 mg	J7630	\$ .38
Isoetharine 0.1%	<b>J7650</b>	
Isoetharine 0.125%	J7651	\$ .23

Product	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.25%	J7652 J7653 J7654	
Metaproterenol 0.6% Metaproterenol 0.4% Not Otherwise Class.	<b>ፓ7672</b> <b>J7670</b> J7698	\$ .63
Drugs, inhalation Solur Not Otherwise Class. Drugs, Other than Inhal Saline	J7799	-

## 3) Medicaid

Dispensing Fee		Co-Pay	Reimburse. Basis
\$3.83	_	\$1.00	AWP - 10%/AAC

### Minnesota

February 2, 1994

- Formulary No state formulary for generic substitution
- 2) Medicare -

Product	Code	<u>Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653	\$1.25/mL \$1.68/mL \$0.47/mL \$1.29/20mg \$0.23/mL \$0.16/mL \$0.22/mL \$0.31/mL
Isoetharine 0.25% Metaproterenol 0.6% Metaproterenol 0.4% Normal saline solution 1000cc	J7672	\$0.34/mL \$0.43/mL \$0.42/mL
Normal saline solution, sterile (500 ml - 1 unit Normal saline solution 250 cc	<b>5)</b>	
Not Otherwise Class. Drugs, Inhalation Solute Not Otherwise Class. Drugs, Other than Iphala	ion Administered thro	· ·

Requests providers bill electronically and retain documentation rather than bill on paper and attach documentation.

Code J7699 may also be used in conjunction with A4610. Pricing is simply based on the AWP from latest Redbook update.

Drug must be determined that it is reasonable and necessary for treatment of the illness or injury to improve the functioning of the malformed body member.

Documentation which must be submitted with claim for reimbursement is: physicians prescription identifying dosage, frequency and method of administration. Claim must identify name of medication and quantity dispensed (i.e., unit-dose or size of vial).

A4610/J7699/J7799 must be accompanied by a specific description and the dose of the solution being provided.

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.10		AWP - 10%

## Mississippi

February 2, 1994

- Formulary No state formulary for generic substitution
- Medicare No information received. Follow-up request sent.
- Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.91	\$1.00	AWP · 10%

The following products not covered: 03003, 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300.

# Missouri

- Formulary Not necessary to be on state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	<u>Cod-:</u>	<u>Allowable</u>
Acetylcysteine Acetylcysteine	J7610 J7615	

Product	Code	Allowable
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg		
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%		
Isontharine 0.2%	X7653	
Isoetharine 5 25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Sodium Chloride; 82003*	A4610	\$.25 per ud
Sodium Chloride: 82005*	A4610	4 60 1
Sodium Chloride; 83003*	A4610	\$.50 per ud \$.25 per ud
Sodium Chloride; 83005*	N-010	\$.50 per ud
Sodium Chloride; 83015*	A4610	\$1.25 per ud
Nebu-Sol; 50120	Not Covered	•
Nebu-Sol; 50300 Water; 81003*	Not Covered	
Water; 81003*	A4610	\$.25 per ud
Water; 81005*	A4610	\$.50 per ud
Not Otherwise Class.		_
Drugs, Inhalation Soluti	on Administered thro	ough DME

Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799

Drugs, Other than Inhalation Administered through DME

\* - Code accordingly with product description Source: First Data Bank

## 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse, Basis
\$4.09	\$0.50 - \$2.00	AWP - 10.43%

Source: First Data Bank

## Montana

- 1) Formulary Open formulary
- 2) Medicare (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolym Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654	
THOUGHT THE O'S'S	0 / 0 3 4	

Product	<u>Code</u>	Allowable
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Soluti	ion Administered thr	ough DME
Not Otherwise Class.		<b>J</b>
Drugs, Other than Inhala		hrough DME

No payment for sodium chrowde and have no fees calculated. When calculating a fee, use products listed in the most current Redbook and use the median of AWP.

3) Medicaid - All prescription drugs reimbursed.

OTC products other than laxatives, antacids and insulin are not covered. Reimbursement rate is AWP less 10% plus dispensing fee of \$2.00 - \$4.08 based on individual pharmacy surveys. Unit-dose providers who physically package unit-dose prescriptions are reimbursed an additional \$0.75/Rx. First Data Bank is used for drug pricing. \$1.00 patient co-pay.

### Nebraska

- Formulary Must be on state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%		
Sodium Chloride; 82003*		\$.25 per ud
Sodium Chloride; 82005*	A4610	\$.50 per ud
Sodium Chloride; 83003*		\$.25 per ud
Sodium Chloride; 33005*	A4610	\$.50 per ud
Sodium Chloride; 83015*	A4610	\$1.25 per ud
Nebu-Sol; 50120		_
Nebu-Sol; 50300	Not Covered	
Water; 81003*	A4610	\$.25 per ud

Product	<u>Code</u>	Allowable
Water: 81005* Not Otherwise Class. Drugs, Inhalation Solu Not Otherwise Class. Drugs, Other than Inha	J7799	-

- \* Code accordingly with description of product Source: First Data Bank
- Medicaid -All products reimbursable. Reimbursement rate of AWP less 8.71% or WAC + 12.5%. Dispensing fee is variable from \$2.84 - \$5.05/Rx. Data source is Medispan.

## Nevada "

February 2, 1994

- Formulary Must be on state formulary for generic 1) substitution
- Medicare (Use national codes) 2)

Product	Code	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut:	ion Administered thr	ough DME
Not Otherwise Class.	J7799	_

Drugs, Other than Inhalation Administered through DME

Medicaid

Dispensing Fee	<u>Co-Pay</u>	Reimburse. Basis
\$4.42		AWP - 10%

## New Hampshire

February 2, 1504

Formulary - Must be on state formulary for generic 1) substitution

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### 2) Medicare - (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0 18	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J76 <b>7</b> 2	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administered thr	rough DME
Not Otherwise Class.	J7799	
Drugs, Other than Inhal	ation Administered t	hrough DME

### 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.25 - \$3.65*	\$0.50 - \$1.00**	AWP - 10%

- \* Incentive fee added to pharmacy reimbursement for dispensing lower cost product.
- \*\* \$1.00 branded products; \$0.50 generics

Source: First Data Bank; EDS

## New Jersey February 2, 1994

Formulary - Must be on state formulary for generic substitution

Only Metaproterenol 0.6% and 0.4% on New Jersey Generic Formulary/List of Interchangeable Drug Products. I have requested all other products be listed.

- 2) Medicare (Use national codes) No information received. Follow-up request sent.
- 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.73 - \$4.07		AWP - 0/6%*

AWP minus up to 6% based on Medicaid percentage of Rx sales. Regression ranges from 0 - 6% and is deducted from AWP up to \$25.00 (AWP). Above \$25.00 no AWP.

All products covered except Nebu-Sol and Water. Only the following sodium chloride products are covered: 83003, 83005 and 83015.

## New Mexico

February 2, 1994

- Formulary Must be on state formulary for generic 1) substitution
- Medicare (Use national codes) 2)

Product	<u>Code</u>	<u>Allowable</u>
2	У J7610	
Acetylcysteine 10%		
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0:125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
IBOCCHAITING 0.230	J7654	
Metaproterenol 0.6%	J7672	
	J76 <b>7</b> 0	
	J7699	
Drugs, Inhalation Solu	tion Administ	ered through DME
Not Otherwise Class.	J7799	
Drugs, Other than Inha	lation Admini	stered through DME

Medicaid 3)

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$4.00		AWP - 10.5%

New York February 2, 1994

- Formulary · Must be on state formulary for generic 1) substitution
- Medicare (Use national codes) 2)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083%	J7610 J7615 J7620	

Product	<u>Code</u>	<u> Allowable</u>
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%		
Isoetharine 0.125%		
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaprotereno: 0.6%		
Metaproterenol 0.4%		
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administere	d through DME
Not Otherwise Class.	J7799	5
Drugs, Other than Inhal	ation Administe	red through DME
82003/82005/83003/83005;	A4610	\$24.20
83015	A4610	\$23.00
50120	A4610	based on invoice
50300	A4610	based on invoice
81003/81005	.A4610	\$19.50
Source; Redbook - AWP		

3) Medicaid

<u>Dispensing Fee</u>	Co-Pay	Reimburse. Basis
\$2.60		AWP

## North Carolina

11 7 February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - No information received. Follow-up request sent.
- 3) Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$5.60	\$1.00	AWP - 10%

The following sodium chloride solutions not covered: 03003, 03005, 03010, 03020, 63003, 63005, 64015, and 64115.

North Dakota February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare · (Use national codes)

Use national code A4610 (with description). Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

Dispensing Fee	<u>Co-Pay</u>	Reimburse	. Basis
\$4.25		AWP	10%

Source First Data Bank

All sodium chloride and water products covered as "DME" products.

Ohio February 2, 1994

- Formulary Must be on state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% 4 mL Acetylcysteine 10% 30 mL Acetylcysteine 20% 4 mL Acetylcysteine 20% 4 mL Acetylcysteine 20% 10 mL Acetylcysteine 20% 30 mL Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.125% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.25% Metaproterenol 0.6%	J7610 J7610 J7610 J7615 J7615	\$ 6.43/ud \$19.07/ud \$52.34/ud \$ 7.71/ud \$23.07/ud \$63.21/ud \$1.42/ud \$1.29/20mg \$3.29/ud \$3.20/ud \$3.2
Sterile Saline .9% 10 mL		\$0.41/ud

3) Medicaid -

Dispensing Fee: \$3.23/Rx; Data

Source: Blue Book

Reimbursement Rate: AWF - 7%

Product	Reimbursable	Reimbursement Rate
18104	Y	\$1.1625/mL
18110	Y	\$1.1625/mL

Product	Reimbursable	Reimbursement Rate
18130	Y	\$1.0639/mL
18200	Y	\$1.2803/mL
18204	Y	\$1.4071/mL
18210	Y	\$1.4071/mL
18230	Y	\$1.2803/mL
69703	Y	\$0 3700/mL
69760	Y	\$6 3700/mL
65902	N	, , , , , , ,
66003	N	
66103	N	
66405	N	
67603	Y	\$0.3760/mL
67803	Y	\$0.3760/mL
03003	Y	\$0.0872/mL
03005	Y	\$0.0523/mL
03010	Y	\$0.0335/mL
03020	Y ,	\$0.0335/mL
63003	Y	\$0.0872/mL
63005	Y	\$0.0523/mL
64015	N	•
64115	N	
82003	Y	\$0.0558/mL
82005	Y	\$0.0335/mL
83003	Y	\$0.0872/mL
83005	Y	\$0.0523/mL
83015	Y	\$0.0335/mL
50120	Y	\$0.0335/mL
50300	Y	\$0.0335/mL
81003	Y	\$0.0108/mL
81005	Y	\$0.0108/mL

## Oklahoma

February 2, 1994

- 1) Formulary No state formulary for generic substitution. Law states that it is unlawful for a pharmacist to substitute without the authority of the prescriber or purchaser.
- 2) Medicare (Use national codes)

Product	<u>Code</u>	<u> Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654	

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Product	<u>Code</u>	Allowable
Metaproterenol 0.6%	J7672	
<del>-</del>	J7670	
·	J7699	
Drugs, Inhalation Solut:	ion Administered thro	ough DME
Not Otherwise Class.	J7799	J
Drugs, Other than Inhal,	ation Administered C	howigh DME

Sodium chloride and water are covered as supplies under the DME benefit when prescribed by physician and determined to be necessary for use of nebulizer. Payment limited to patients who cannot properly prepare the solutions at home or who have no one who can prepare the solutions for them. Documentation must explain why the patient is physically or mentally incapable of boiling water or adding salt tablets to be reimbursed.

All local codes in process of being deleted. Use local code A4323 at (9.34 per 1000 ml) for reimbursement purposes.

### Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$5.10	\$1.00-\$2.00*	AWP - 10.5%

\* \$1.00 for prescriptions up to \$29.99; \$2.00 for prescriptions costing more than \$30.00.

Source: First Data Bank

The following products not covered: 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300.

# Oregon February 2, 1994

- Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653	

Product	Code	Allowable
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drigs, Inhalation Solut:	ion Administered thr	ough DME
Not Otherwise Class.		_
Drugs Other than Inhala		hrough DME

All sodiom chloride and water products are considered part of the medication costs and will not be reimbursed if billed separately.

## 3) Medicaid

Dispensing Fee	<u>Co-Pay</u>	Reimburse. Basis
\$3.67 - \$4.02		AWP - 11%

## Pennsylvania

- Formulary Must be on state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.34/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 0.083%	J7620	\$0.47/mL
Blairex sterile saline 3 oz.	A4610	\$1.19
Blairex sterile saline	A4610	\$2.27
8 oz.		,
Blairex sterile saline	A4610	\$3.41
12 oz.		
Cromolyn Sodium/20 mg	J7630	\$0.71/mL
Isoetharine 0.1%	J7650	\$0.34/mL
Isoetharine 0.125%		\$0.22/mL
Isoetharine 0.167%		\$0.29/mL
Isoetharine 0.2%		\$0.34/mL
Isoetharine 0.25%		\$0.40/mL
Metaproterenol 0.6%	J7672	\$0.44/mL
Metaproterenol 0.4%		\$0.44/mL
Not Otherwise Class.		IC
Drugs, Inhalation Solut		
Not Otherwise Class.	J7799	ΙC
Drugs, Other than Inhal		
Sodium Chloride 0.45%	A4610 \$0.	23 5 ml each
Sodium Chloride 0.9%		24 3 ml each
Sodium Chloride 0.9%	·	24 5 ml each

#### Product Code Allowable

Amounts or methods of medication not included would be given individual consideration upon receipt of the claim submission. Special documentation necessary for consideration of sterile water (patient not able to mix themselves or has no family member). Use A4610 for sterile water and saline Redbook as source.

#### 3) `Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$3.50	\$1.00	AWP

Source: Blue Book

No water products covered. Sodium chloride products covered only if considered "legend drugs".

## Puerto Rico

February 2, 1994

- 1) Formulary - Must be on formulary for generic substitution.
- 2) Medicare

Product	<u>Code</u>	Allowable
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.25% Metaproterenol 0.6% Metaproterenol 0.4%	J7610 J7615 J7620 J7652 J7653 J7654 J7672 J7670	

3) Medicaid - No action

Rhode Island Pebruary 2, 1994

- Formulary Not necessary to be on state formulary for generic substitution
- 2) Medicare -

Sodium chloride and sterile water for inhalation with nebulizers are not covered by Medicare

3) Medicaid Dispensing Fee

Co-Pay

Reimburse. Basis

\$3.40

AWP

South Carolina 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare -

82003/82005/83003/83005 - Local code #W4200 (\$0.22 allowable) 83015 - local code #W4200 (3 units) - (\$0.66 allowable) 50120/50300 - not reimbursable 81003/81005 - national code J7699 - (individually considered) Uses Redbook or Medispan for source documentation

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.05	\$1.50	AWP - 9.5%

Source: First Data Bank

All products covered except 03003, 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300. These products require special authorization for coverage.

South Dakota February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

Product	<u>Code</u>	<u> Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653	Allowable
Isoetharine 0.25% Metaproterenol 0.6% Metaproterenol 0.4%	J7654 J7672 J7670	

Product Code Allowable

Not Otherwise Class. J7699 Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799 Drugs, Other than Inhalation Administered through DME

Use national code A4610 (with description for those drugs not listed. Reimbursement is based on AWP of Redbook for all localities.

#### 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.75	\$1.00	AWP - 10.5%

# Tennessee

February 2, 1994

- Formulary Must be on state formulary for generic 1) substitution
- Medicare -2)

Reimbursement for saline or sterile water is limited to the charge for the solution components, unless it is medically documented that the beneficiary, due to his/her physical or mental state, is unable to safely or effectively mix the solutions and there is no family member or other person available who can do this.

#### 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.91		AWP 8%

Texas

- Formulary No state formulary for generic 1) substitution
- 2) Medicare - (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125%	J7610 J7615 J7620 J7630 J7650 J7651	\$1.34/mL \$1.62/mL \$0.47/mL \$0.76/mL \$0.85/2.5cc \$0.85/4 cc

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Product	<u>Code</u>	Allowable
Isoetharine 0.167%	J7652	\$0.85/3 cc
Isoetharine 0.2%	J7653	\$0.85/2.5cc
Isoetharine 0.25%	J7654	\$0.85/2 cc
Metaproterenol 0.6%	J7672	\$0.49/2 5cc
Metaproterenol 0.4%	J7670	\$0.49/2.5cc
Not Otherwise Class.	J7699	AWP/\$1.50 ud
Drugs, Inhalation Solut	ion Administered th	rough DMF
Not Otherwise Class.		- <b>u</b>
Drugs Other than Inhal.		through DME

Texas Medicare Carrier will use the NDC number to price bronchodilator medications using the most current edition of Redbook.

### 3) Medicaid

Dispensing Fee	•	Co-Pay	Reimburse. Basis
*			Wholesaler Cost +

\* Amount paid pharmacy equals (EAC + \$4.55) divided by 0.930 + .10

Date Source: Pharmaceutical Companies

All drugs covered except the following sodium chloride solutions: 03003, 03005, 03010, 63003, 63005, 64015, 64115, 82003, 82005, 83003, 83005; Nebu-Sol 50120; and Water.

Utah

- Formulary Must be on state formulary for generic substitution
- Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	<b>J7672</b>	
Metaprotereno] 0.4%	J7670	

Product Code Allowable

Not Otherwise Class. J7699

Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799

Drugs Other than Inhalation Administered through DME

82003/82005/83003/83005/83015/50320/50300/81003/81005 use national code A4610. Payment based on AWP or acquisition cost:

## 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.90 - 4.40*		AWP - 12%

\* \$3.90 urban; \$4.40 rural

Vermont February 2, 1994

 Formulary - Must be on state formulary for generic substitution

2) Medicare - (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administered tha	rough DME
Not Otherwise Class.	J7799	
Drugs Other than Inhal	ation Administered t	through DME

Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.25	\$1.00 - \$2.00*	AWP - 10%

\* \$1.00 copayment; \$2.00 copayment when ingredient costs exceed \$29.99

## West Virginia 2, 1994

- Formulary Uses FDA Therapeutic Equivalency List (Orange Book)
- Medicare · (Use national codes) 2)

Product	Code	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25% .	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administered thr	ough DME
Not Otherwise Class.		
Drugs, Other than Inhal	ation Administered t	hrough DME

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$2.75	\$0.50 - \$1.00	AWP

Source: Red Book

## Wisconsin

- Formulary Must be on state formulary for generic 1) substitution
- 2) Medicare - (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20% Albuterol 0.083%	J7615 J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125% Isoetharine 0.167%	J7651 J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6% Metaproterenol 0.4%	J7672 J7670	

Product Code Allowable

Not Otherwise Class. J7699

Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799

Drugs, Other than Inhalation Administered through DME

Procedure code for sodium chloride inhalation is A4323-52 and is reimbursable at \$9.34/1000mL

3) Medicaid

Dispensing Fee Co-Pay Reimburse. Basis
\$4.69\* \$1.00 AWP - 10%

\*\$6.67 for unit-dose products

Wyoming February 2, 1994

- Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

Use national code A4610 (with description). Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

Dispensing Fee	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.70	\$1.00	AWP - 4%*

\* OTC Products: 150% of AWP + 4.70 Legend Products: AWP - 4% + 4.70

Key:

AAC	Actual Acquisition Cost
AWP	Average Wholesale Price
DME	Durable Medical Equipment
EAC	Estimated Acquisition Price
DESI	Less-than-effective
HCFA	Health Care Financing Administration
HHS	Health and Human Services
MAC	Maximum Allowable Cost
PA	Prior Authorization
WAC	Wholesale Acquisition Cost

Maintilly Pagalant Description Filed 12/

No. Box

Allowable based on Redbook pricing

3) Medicaid

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Dispensing Fee Co-Pay Reimburse. Basis \$4.51 + .103 EAC \$0.50 - \$3.00 AWP · 10.5%

California

February 2, 1994

Formulary . Not necessary to be on state formulary for generic substitution

2) Medicare - Wrong information sent. Questionnaire resubmitted.

all and the second second

3) Medicaid (Medi-Cal) Dispensing Fee: \$4.05/Rx; Data

'Source: Medi-Cal List of Contract Drugs (1st Databank) Co-Pay: \$1.00 (Optional)

Product	Reimbursable	Reimbursement Rate
18104	Y	AWP - 5% (\$1.3419/cc)
18110	Y	AWP - 5% (\$1.2749/cc)
18130	Y	AWP - 5% (\$1.1662/cc)
18200	PA	AWP - 5%
18204	Y	AWP - 5% (\$1.6103/cc)
18210	Y	AWP - 5% (\$1.5409/cc)
18230	Y	AWP - 5% (\$1.4684/cc)
69703	, PA	AWP - 5% (\$0.4091/cc)
69760	PA	AWP - 5%
65902	PA	AWP - 5%
66003	PA	AWP 5%
66103	PA	AWP 5%
66405	PA	AWP - 5%
67603	Y	AWP - 5% (\$0.3895/cc)
67803	PA	AWP - 5%
03003	Y	AWP - 5% (\$0.0773/cc)
03005	Y	AWP - 5% (\$0.0464/cc)
03010	PA	AWP - 5%
03020	PA	AWP - 5%
63003	Y	AWP - 5% (\$0.0773/cc)
63005	Y	AWP - 5% (\$0.0464/cc)
64015	PA	AWP 5%
64115	PA	AWP - 5%
82003	PA	AWP - 5%
82005	PA	AWP 5%
83003	PA	AWP 5%
83005	PA	AWP 5%
83015	PA	AWP 5%
50120	PA	AWP 5%
50300	PA	AWP 5%

CONFIDENTIAL DL-0050070

Product	<u>Reimbursable</u>	Reimbursement Rate
81003 81005	PA PA	AWP - 5% AWP - 5%
Key:	PA = Prior authorization Cal Field Office Co - = Price not in the Me Price must be manua	nsultant di-Cal computer file.

Colorado

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57-02 20-03 :76-03

February 2, 1994

- ~~~4 Formulary - No state formulary for generic substitution axabacina
  - 2) Medicare - (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.25% Metaproterenol 0.6% Metaproterenol 0.4% Not Otherwise Class.	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654 J7672 J7670 J7699	\$1.41/mL \$1.69/mL \$0.43/mL \$0.70/mL \$0.31/mL \$0.11/mL \$0.15/mL \$0.22/mL \$0.28/mL \$0.28/mL \$0.28/mL
Drugs Inhalation colu	الأراف المستملا المستملا المستملا	_

Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799

Drugs, Other than Inhalation Administered through DME

Sodium Chloride and water do not fall under inhalation solutions/drugs and are therefore considered supplies which are included in reimbursement for equipment.

### 3) Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse.</u>	Basis
\$4.08	\$2.00 (Tra \$0.50 (Gen		

Connecticut February 2, 1994

- 11) Formulary - No state formulary for generic substitution
- Medicare · (Use national codes)

Product	Code	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine ∩ 125%	J7651	
Isoethation 0 167%	J7652	
Isoetharine (.2%	J7653	
Isoetharine 0.25%	J7654	
	J7672	
	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Soluti	On Administered thro	ough DME
Not Otherwise Class.	J7799	_
Drugs, Other than Inhala	ation Administered th	hrough DME

Sodium chloride and water not covered under current policy. Sodium chloride is included in reimbursement of medication administered via nebulizer. Use codes J7699 and J7799. Each claim is reviewed on a case-by-case basis and fees determined from Redbook.

## 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.10*		AWP - 8%

\* Incentive fee added to pharmacy reimbursement for dispensing lower cost product

# District of Columbia

01-32

co-03

90-05

February 2, 1994

- 1) Formulary Must be on state formulary for generic substitution
- Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.25% Metaproterenol 0.6% Metaproterenol 0.4%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654 J7672 J7670	

	Prod	<u>uct</u>	<u>Code</u>	Allowable
	Dru Not	Otherwise Class. gs, Inhalation Solu Otherwise Class. gs, Other than Inha	tion Administers J7799	_
	3)	Medicaid		
		Dispensing Fee	Co-Pay	Reimburse. Basis
		\$4.50	\$ 0.50	AWP - 10%
	Delaware			February 2, 1994
030 to 3 to 0 050 to 3 050 to	. reg1)	Formulary - Must be substitution	e on state form	lary for generic
)30-20 501-80	2)	Medicare - (Use na	tional codes)	
303 00	Prod	uct	<u>Code</u>	<u>Allowable</u>
50000000000000000000000000000000000000	Acet Albu Crom Isoe Isoe Isoe Isoe Meta Meta Not Drug Drug	ylcysteine 10% ylcysteine 20% terol 0.083% olyn Sodium/20 mg tharine 0.1% tharine 0.125% tharine 0.26% tharine 0.25% proterenol 0.6% proterenol 0.4% Otherwise Class. gs, Inhalation Solu Otherwise Class. gs, Other than Inha Medicaid  Dispensing Fee	J7670 J7699 tion Administer J7719 lation Administ	ered through DME  Reimburse. Basis
		\$3.65	\$ 0.50	AAC/AWP - 6%
	Florida			Pebruary 2, 1994
Spirit note  100 CC		Formulary - Not ne for generic substi	cessary to be o	
10-35 10-35 35	2)	Medicare - (Uses land national codes drugs)	ocal codes for for originally	compounded drugs manufactured

# Compounded Drugs:

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine Acetylcysteine Albuterol Metaproterenol Isoetharine Cromolyn Sodium Normal Saline Normal Saline 3 mL	W4079 W4179 W4173 W4174 W4175 W4177 W4180 W4181	\$7.24/4mL \$0.29/mL \$0.18/mL \$0.63/mL \$0.99/mL \$0.21/mL \$0.01/mL \$0.22/3mL
Normal Saline 5 mL	W4182	\$0.22/5mL

# Non-compounded drugs:

Acetylcysteine 10%	Product	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.167% J7652 \$1.53/3mL Isoetharine 0.2% J7653 \$0.67/2.5mL Isoetharine 0.25% J7654 \$0.70/2mL	Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.25% Metaproterenol 0.4%	J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654 J7670	\$1.77/mL \$1.80/3mL \$0.74/2mL \$0.82/5mL \$0.64/4mL \$1.53/3mL \$0.67/2.5mL \$0.70/2mL \$1.58/2.5mL

## 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.23	\$ 1.00	WAC + 7%

Source: Blue Book

Georgia

February 2, 1994

2) Medicare -

Not covered by a Medicare Durable Medical Equipment Supplier. Contact DME Unit at (912) 921-3078 for additional details.

3) Medicaid

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503-00°

Dispensing Fee Co-Pay Reimburse. Basis \$4.41 AWP - 1.0%

Source: First Data Bank

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- Formulary Must be on state formulary for generic 1) substitution
- 2) Medicare -

82003/82005/83003/83005/83015/50120/50300/81003/81005 not listed in 1993 Redbook, not assigned HCPCS code, and no allowances for Hawaii have been determined. Use code J3490 and brief description of product when submitting claims.

3) Medicaid

> Dispensing Fee Co-Pay Reimburse, Basis \$4.67 AWP - 10.5%

Source: First Data Bank

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1930-15 10-05 10-05

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Idaho February 2, 1994

5 50 2 (QX 1) Formulary - No state formulary for generic substitution Habance

> 2) Medicare (Use national codes)

<u>Product</u> <u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% J7610 Acetylcysteine 20% J7615 Albuterol 0.083% J7620 Cromolyn Sodium/20 mg J7630 Isoetharine 0.1% J7650 Isoetharine 0.125% J7651 Isoetharine 0.167% J7652 Isoetharine 0.2% J7653 Isoetharine 0.2% J7653 Isoetharine 0.25% J7654 Metaproterenol 0.6% J7672 Metaproterenol 0.4% J7670 Not Otherwise Class. J7699 Drugs, Inhalation Solution Administration Otherwise Class. J7799 Drugs, Other than Inhalation Administrations, Otherwise Class. J7799	ered through DME

### 3) Medicaid

Dispensing Fee Co-Pay Reimburse. Basis \$4.30 AWP

Illinois

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February 2, 1994

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こうだって 人 J  $\cup$  J $\cup$  Formulary Must be on state formulary for gene in substitution Approval letter 15:51 - .2: FDA Proket ( 2) Medicare .

Use national codes for the following:

Product <u>Code</u> Allowable 1 Kc. 312 782 81254 Acetylcysteine 10% -J7610 \$1.32/mL Acetylcysteine 20% J7615 \$1.58/mL < Albuterol 0.083% J7620 \$1.58/ud Cromolyn Sodium/20 mg J7630 \$0.76/mL Isoetharine 0.1% J7650 \$0.34/mL Isoetharine 0.125% J7651 \$0.21/mL Isoetharine 0.167% \$0.28/mL 以 J7652 Isoetharine 0.2% J7653 \$0.34/mL Where Germ Isoetharine 0.25% J7654 \$0.42/mL Metaproterenol 0.6% J7672 \$0.42/mL (3) 5 icts Metaproterenol 0.4% J7670 \$0.42/mL Konad I

Not Otherwise Class. J7699 Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799

OI Dep Put MAR FDAD Drugs, Other than Inhalation Administered through DME Hypertonic Saline J7130

Solution, 20 cc vial

Use local codes for the following:

Product Code Allowable Sterile Saline Solution W1008 \$0.14/mL 1 mL for use in DME Equipment

3) Medicaid

> Dispensing Fee Co-Pay Reimburse. Basis \$3.58\* AWP 10%

or 10% x cost for drugs > \$35.80

All drug products, 64015, 64115, 82003, 82005, 50120, 50300, and water are not covered unless they get prior approval prior to dispensing.

Source: Blue Book

Indiana

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5-13 30-05 30-05 130-05 February 2, 1994

Formulary No state formulary for generic substitution

2) Medicare - (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.04/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 0.083%	J7620	\$0.44/mL
Cromolyn Sodium/20 mg	J7630	\$0.76/mL
Isoetharine 0.1%	J7650	\$0.34/mL
	J7651	\$0.21/mL
Isoetharine 0.167%		\$0.29/mL
Isoetharine 0.2%	J7653	\$0.34/mL
	J7654	\$0.42/mL
Metaproterenol 0.6%		\$0.42/mL
Metaproterenol 0.4%		\$0.42/mL
Not Otherwise Class.		
Drugs, Inhalation Solut	ion Administered the	rough DME
Not Otherwise Class.		_
Drugs, Other than Inhal	ation Administered (	hrough DME
Hypertonic Saline	J7190	\$1.00
Solution, 20 cc vial		
Sterile Saline	A4214	
(dilution purposes only		
Compounded drugs not cov	rered.	

## 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse, Basis
\$4.00		AWP · 10%

Please direct medicaid providers with questions to the Provider Assistance Unit of E.D.S. at (800) 346 3819 or (317) 875-0177.

Iowa

February 2, 1994

Formulary . No state formulary for generic substitution

Medicare - (Use national codes)

Product	Code	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0 125%	J7651	
desocthatine 1 167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Soluti	ion Administered thro	ough DME
Not Otherwise Class.	J7799	· · • · · · · · · · · · · · · · · · · ·
Drugs, Other than Inhala	ation Administered th	hrough DME

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.02 - \$6.25	\$1.00	AWP - 10%

## Kansas

February 2, 1994

- Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	Code	Allowable
Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.25% Metaproterenol 0.6% Metaproterenol 0.4% Sodium Chloride; 82003* Sodium Chloride; 82005* Sodium Chloride; 83005* Sodium Chloride; 83005* Sodium Chloride; 83005* Sodium Chloride; 83015* Nebu-Sol; 50120 Nebu-Sol; 50300	J7650 J7651 J7652 J7653 J7654 J7672 J7670 A4610 A4610 A4610 A4610 A4610 Not Covered	\$.25 per ud \$.50 per ud \$.25 per ud \$.50 per ud \$1.25 per ud \$.25 per ud
		\$.50 per ud

Product Code Allowable

Not Otherwise Class. J7699 Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799

Drugs Other than Inhalation Administered through DME

\* - Code accordingly with description of product Source Pirst Date Bank

3) Medicaid

> Dispensing Fee Co-Pay Reimburse. Basis \$3.85 - \$6.97 \$1.00 AWP - 10%

All drugs "generally non-covered" unless prior authorization is received. Specifically, the following sodium chloride solutions are covered without prior authorization: 03003, 03005, and 03020. Source: Medi-Span

Kentucky

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20-03 10-05

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February 2, 1994

Formulary - Not necessary to be on state formulary for generic substitution

2) Medicare - No information received. Follow-up request sent.

3) Medicaid

> Dispensing Fee Co-Pay Reimburse. Basis

Outpatient: \$4.75 AWP 10%

Nursing Home: \$5.75

Source: Medi-Span

All products except water are covered. Must receive

prior authorization.

Louisiana

February 2, 1994

1.0-03 rollingrad 1) Formulary - No state formulary for generic 010-05 substitution 20.C3 رة > ٢٠٠١

2) Medicare Returned. Forwarding order expired. Follow-up request sent.

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3) Medicaid Dispensing Fee Co-Pay Reimburse. Basis \$5.30 AWP - 10.5%

Maine

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1030-03

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February 2, 1994

Formulary No state formulary for generic substitution

2) Medicare - (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	ĴJ7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699 ·	
Drugs, Inhalation Solu	ution Administ	ered through DME
Not Otherwise Class.	J7799	_
Drugs, Other than Inha	alation Admini:	stered through DME

3) Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$3.35	Up to \$3.00	EAC/AWP - 5%+

Reimbursement rate is lowest of: 1) MAC; 2) Maine MAC; 3) EAC; 4) AWP; 5) Usual and customary which includes lowest price a provider will accept from any third party as payment for the service.

Source: First Data Bank

Maryland

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February 2 1994

Formulary - Must be on state formulary for generic Marchatory- goes by orange

Medicare · (Use national codes)

Reimburses according to AWP. Use NDC number as reimbursement code.

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3	}	Med	4 i	ca.	i	₼.

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.94 - \$6.17	\$1.00	WAC + 10%

## Massachusetts

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3-05 120-03 120-05

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80-03 30-03 30-05

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03.00 10.00

February 2, 1994

- · 1800 Formulary Must be on State formulary for generic substitution
  - 2) Medicare - (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administered th	rough DME
Not Otherwise Class.		
Drugs, Other than Inhal	ation Administered	through DME

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.06	\$0.50	WAC + 10%

Michigan - Michigan

February 2, 1994

30 (15 miles 12 22d<sub>1)</sub> Formulary - No state formulary for generic substitution

> 2) Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.91
Acetylcysteine 20%	J7615	\$2.29
Albuterol 0.083%	.J7620	\$ .47
Cromolyn Sodium/20 mg	J7630	\$ .38
Isoetharine 0.1%	J7650	·
Isoetharine 0.125%	J7651	\$ .23

Product	Code	<u>Allowable</u>
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterensi 0 6%	J7672	\$ 63
Metaproterenol v.4%	J7670	
Not Otherwise Class.	37599	
Drugs, Inhalation Solut	ion Administered thr	ough DME
Not Of herwise Class.	J7 /99	
Drugs, Other than Inhal	atión Administered t	hrough DME
Saline	A4214	\$ .20

## 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.83	\$1.00	AWP - 10%/AAC

## Minnesota

, February 2, 1994

- Formulary No state formulary for generic substitution
- 2) Medicare -

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2%		\$1.25/mL \$1.68/mL \$0.47/mL \$1.29/20mg \$0.23/mL \$0.16/mL \$0.22/mL \$0.31/mL
Isoetharine 0.25% Metaproterenol 0.6% Metaproterenol 0.4% Normal saline solution 1000cc	J7670	\$0.34/mL \$0.43/mL \$0.42/mL
Normal saline solution, sterile (500 ml - 1 uni Normal saline solution 250 cc	t)	
Not Otherwise Class. Drugs, Inhalation Solut Not Otherwise Class. Drugs Other than Inhal	ion Administered thr J7799	-

Requests providers bill electronically and retain documentation rather than bill on paper and attach documentation.

Code J7699 may also be used in conjunction with A4610. Pricing is simply based on the AWP from latest Redbook update.

Drug must be determined that it is reasonable and necessary for treatment of the illness or injury to improve the functioning of the malformed body member.

Documentation which must be submitted with claim for reimbursement is: physicians prescription identifying dosage, frequency and method of administration. Claim must identify name of medication and quantity dispensed (i.e., unit-dose or size of vial).

A4610/J7699/J7799 must be accompanied by a specific description and the dose of the solution being provided.

### 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.10		AWP - 10%

## Mississippi

February 2, 1994

3, 110+ Wered 1) 0800-1521 0ن - -30-03 101-20 0330-05<sub>3)</sub> D2-C0 . i oš

20-03 30-05

30.03 ₹0.05 30-10

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10-03 n:टॅर्ड Formulary - No state formulary for generic substitution

Medicare - No information received. Follow-up request sent.

Medicaid

Reimburse. Basis Dispensing Fee Co-Pay \$4.91 \$1.00 AWP - 10%

The following products not covered: 03003, 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300.

Missouri February 2, 1994

- Formulary Not necessary to be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

Product	Code	<u>Allowable</u>
Acetylcysteine Acetylcysteine	J7610 J7615	

Product	<u>Code</u>	Allowable
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	•
Isoetharine 0.1%		
	J7651	•
Isoetharine 0 167%	J7652	
Isoetharine 0 2%		
Isoetharine 0.25%		
Metaproterenol 0.6%		
Metaproterenol 0.4%		
Sodium Chloride; 82003*		\$.25 ber ud
Sodium Chloride; 82005*		\$.50 per ud
Sodium Chloride: 83003*		\$.25 per ud
Sodium Chloride; 83005*		\$.50 per ud
Sodium Chloride; 83015*		\$1.25 per ud
Nebu-Sol: 50120		•
Nebu-Sol; 50300		
	- A4610	\$.25 per ud
Water; 81005*	A4610	\$.50 per ud
Not Otherwise Class.		· <b>-</b>
Drawer Tabalation Colut		ough DME

Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799

Drugs, Other than Inhalation Administered through DME

 $^{\star}$  - Code accordingly with product description Source: First Data Bank

### 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.09	\$0.50 - \$2.00	AWP - 10.43%

Source: First Data Bank

## Montana

February 2, 1994

Promulary - Open formulary 30 050 2)

Medicare · (Use national codes)

Product	Code	Allowable
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.2%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654	

Product	<u>Code</u>	Allowable
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs Inhalation Solut	ion Administered th	rough DME
Not Otherwise Class.	J7799	•
Drugs, Other than Inhal	ation Administered	through DME

No payment for sodium chloride and have no fees calculated. When calculating a fee, use products listed in the most current Redbook and use the median of AWP.

3) Medicaid -All prescription drugs reimbursed. OTC products other than laxatives, antacids and insulin are not covered. Reimbursement rate is AWP less 10% plus dispensing fee of \$2.00 - \$4.08 based on individual pharmacy surveys. Unit-dose providers who physically package unit-dose prescriptions are reimbursed an additional \$0.75/Rx. First Data Bank is used for drug

Not Covered

Not Covered

A4610

pricing. \$1.00 patient co-pay.

	Nebraska	· · · · · · · · · · · · · · · · · · ·	·	ebruary 2, 1994
182-00 182-00	ecvened <sub>1)</sub>	Formulary - Must be substitution		
50: 80	2)	Medicare - (Use nat	ional codes)	
503-CO 1620-03	Prod	uct	<u>Code</u>	<u>Allowable</u>
680-05 630-15 5-16-15 6-16-03 6-16-03	Acet Albu Crom Isoe Isoe	ylcysteine 10% ylcysteine 20% terol 0.083% olyn Sodium/20 mg tharine 0.1% tharine 0.125% tharine 0.167%	J7610 J7615 J7620 J7630 J7650 J7651 J7652	
066-03 661-03 764-03 16-03	Isoe Isoe Meta Meta	tharine 0.2% tharine 0.25% proterenol 0.6% proterenol 0.4%	J7653 J7654 J7672 J7670	
310-05 320-05 320-05	Sodi	um Chloride; 82003* um Chloride; 82005* um Chloride; 83003*	A4610 A4610 A4610	<pre>\$.25 per ud \$.50 per ud \$.25 per ud</pre>

Sodium Chloride; 83005\* A4610

Sodium Chloride, 83915\* A4610

Nebu-Sol; 50120

Nebu-Sol; 50300

Water; 81003\*

CONFIDENTIAL DL-0050085

\$.50 per ud

\$.25 per ud

\$1,25 per ud

	Product	<u>Code</u>	Allowable
	Water; 81005* Not Otherwise Class. Drugs, Inhalation S	olution Administer	\$.50 per ud
	Not Otherwise Class. Drugs, Other than I	J7795	
	* Code accordingly Source: First Data	with description Bank	of product
·		or WAC + 12.5%. D	of AWP less 8.71% Dispensing fee is 4 - \$5.05/Rx. Data
Neva			February 2, 1994
.30 (3 not covered 333-05 330-0	1) Formulary - Mus substitution	t be on state form	ulary for generic
30490 01-70	2) Medicare - (Use	national codes)	·
C3 C4	Product	<u>Code</u>	<u>Allowable</u>
0.00000000000000000000000000000000000	Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 m Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.2% Metaproterenol 0.6% Metaproterenol 0.4% Not Otherwise Class. Drugs, Inhalation S Not Otherwise Class. Drugs, Other than I	J7650 J7651 J7652 J7653 J7654 J7672 J7670 J7699 Solution Administer	
	Dispensing Fee	Co-Pay	Reimburse. Basis
	\$4.42		AWP - 10%

New Hampshire

February 2, 1994

 Formulary - Must be on state formulary for generic substitution 2) Medicare - (Use national codes)

Product	Code	Allo	wable
Acetylcysteine 10%	J7610		
Acetylcysteine 20%	J77615		
Albuterol 0.083%	J7620		
Cromolyn Sodium/20 mg	J7630		
Iscotharine 0.1%	J7650		
Iscetharine 0 125%	J7651		
Isoetharine : 167%	J7652		
Isoetharine ( 2%	J7653		
Isoetharine 0.25%	J7654		
Metaproterenol 0.6%	J7672		
Metaproterenol 0.4%	J7670		
Not Otherwise Class.			
Drugs, Inhalation Solut		through	DME
	J7799		
Design Obbas blass Tales 1	· -		

Drugs, Other than Inhalation Administered through DME

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse.	Basis
\$3.25 - \$3.65*	\$0.50 \$1.	. qwa **00	1.0%

- Incentive fee added to pharmacy reimbursement for dispensing lower cost product.
- \$1.00 branded products; \$0.50 generics

Source: First Data Bank; EDS

New Jersey 

... ered1) Formulary - Must be on state formulary for generic substitution

Only Metaproterenol 0.6% and 0.4% on New Jersey Generic Formulary/List of Interchangeable Drug Products. I have requested all other products be listed.

- 2) Medicare - (Use national codes) - No information received Follow-up request sent
- 3) Medicaid

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501-2C

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20-05

Dispensing Fee		Co-Pay	Reimburs	<u>e. Basis</u>
\$3.73	\$4 07		AWE	0/6 <b>%</b> 2

AWP minus up to 6% based on Medicaid percentage of Rx sales. Regression ranges from 0 - 6% and is deducted from AWP up to \$25.00 (AWP). Above \$25.00 no AWP.

All products covered except Nebu-Sol and Water. Only the following sodium chloride products are covered: 83003, 83005, and 83015

## New Mexico

501-20 1503 30

100-05 100-13 100-05 1030-03 130-05

350 10 30-03 30-03

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Pebruary 2, 1994

(30-05) Formulary - Must be on state formulary for generic substitution

2) Medicare - (Use national codes)

Product	Code	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651 <	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut		hrough DMR
Not Otherwise Class.	J7799	4-5 2
Drugs, Other than Inhal	lation Administered	through DME

3) Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$4.00		AWP - 10.5%

## New York

February 2, 1994

- Formulary Must be on state formulary for generic substitution
- Medicare (Use national codes)

Frogret	Code	<u>Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083%	J7610 J7615 J7620	

Product	<u>Code</u>	<u>Allowable</u>
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0 2%	J7653	
Isoetharine 0.25%	J7654	
Merapirohere on 0.6%	J7672	
Metaproterenol 0.4%		
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administere	d through DME
Not Otherwise Class.		
Drugs, Other than Inhal	ation Administe	red through DME
82003/82005/83003/83005;		\$24.20
83015	A4610	\$23.00
50120	A4610	based on invoice
50300	A4610	based on invoice
81003/81005	,A4610	\$19.50
Source; Redbook - AWP	•	

3) Medicaid

> Reimburse. Basis Dispensing Fee Co-Pay \$2.60 AWP

# North Carolina

February 2, 1994

330 121 - Ware (1) Formulary - No state formulary for generic substitution (\$30-53 0\$30-05 0\$30-03 123 10 Medicare - No information received. Follow-up request sent. 50-20 503.00

0830 CE 3) Medicaid

Reimburse. Basis Dispensing Fee Co-Pay \$5.60 \$1.00 AWP - 10%

The following sodium chloride solutions not covered: 03003, 03005, 03010, 03020, 63003, 63005, 64015, and 64115.

# North Dakota

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030-03 130-05

130-10 130-15 130-05 110-05

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Pebruary 2, 1994

- Formulary No state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u> 1830-05</u> 1930-03 050-03 050-03 0350-03 0330-05 0830-15

Use national code A4610 (with description). Reimbursement is based on AWP of Redbook for all localities.

## 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis	3
\$4.25		AWF 10%	

Source: First Data Bank

All sodium chloride and water products covered as "DME" products.

Ohio

February 2, 1994

080-05 not docered 1)

- Formulary Must be on state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	Code	Allowable
Acetylcysteine 10% 4 mL Acetylcysteine 10% 30 mL Acetylcysteine 20% 4 mL Acetylcysteine 20% 4 mL Acetylcysteine 20% 10 mL Acetylcysteine 20% 30 mL Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.2% Sterile Water 3 mL Sterile Water 5 mL Sterile Saline .29% 3 - 5 mL	J7610 J7610 J7615 J7615	\$ 6.43/ud \$19.07/ud \$52.34/ud \$ 7.71/ud \$23.07/ud \$63.21/ud \$1.42/ud \$1.29/20mg \$3.29/ud \$3.20/ud \$3.2
Sterile Satine .9% 10 ml		\$0 41/ud

3) Medicaid -

Dispensing Fee: \$3.23/Rx; Data

Source: Blue Book

Reimbursement Rate: AWP - 7%

Product	Reimbursable	Reimbursement Rate
18104 18110	Ϋ́Υ	\$1.1625/mL \$1.1625/mL

Product	Reimbursable	Reimbursement Rate
18130	Y	\$1.0639/mL
18200	Y	\$1.2803/mL
18204	Y	\$1.4071/mL
18210	Y	\$1.4071/mL
18230	Y	\$1.2803/mL
69703	Y	\$0.3700/mL
69760	Y	\$0.37′±/mL
65902°	N	
66003	N	•
66103	N	
66405	N	
67603	Y	\$0.3760/mL
67803	Y	\$0.3760/mL
03003	Y	\$0.0872/mL
03005	Y	\$0.0523/mL
03010	Y	\$0.0335/mL
03020	Υ .	\$0.0335/mL
63003	Y	\$0.0872/mL
63005	Y	\$0.0523/mL
64015	N	
64115	N	
82003	Y	\$0.0558/mL
82005	Y	\$0.0335/mL
83003	Y	\$0.0872/mL
83005	Y	\$0.0523/mL
83015	Y	\$0.0335/mL
50120	Y	\$0.0335/mL
50300	Y	\$0.0335/mL
81003	Y	\$0.0108/mL
81005	Y	\$0.0108/mL

Oklahoma

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February 2, 1994

Formulary - No state formulary for generic substitution. Law states that it is unlawful for a pharmacist to substitute without the authority of the prescriber or purchaser.

## 2) Medicare - (Use national codes)

Acetylcysteine 10% J7610 Acetylcysteine 20% J7615 Albuterol 0.083% J7620 Cromolyn Sodium/20 mg J7630 Isoetharine 0.1% J7650 Isoetharine 0.125% J7651 Isoetharine 0.167% J7652 Isoetharine 0.2% J7653	Product	Code	<u>Allowable</u>
Isoetharine 0.25% J7654	Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2%	J7615 J7620 J7630 J7650 J7651 J7652 J7653	

Product	<u>Code</u>	Allowable
Metaproterenol 0.6%	J7672	•
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut:	ion Administered thr	ough DME
Not Otherwise Class.		J
Drogs Other than Inhala	ation Administered t	hrough DME

Sodium chloride and water are covered as supplies under the DME benefit when prescribed by physician and determined to be necessary for use of nebulizer. Payment limited to patients who cannot properly prepare the solutions at home or who have no one who can prepare the solutions for them. Documentation must explain why the patient is physically or mentally incapable of boiling water or adding salt tablets to be reimbursed.

All local codes in process of being deleted. Use local code A4323 at (9.34 per 1000 ml) for reimbursement purposes.

### Medicaid 3)

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Dispensing Fee	Co-Pay	Reimburse. Basis
\$5.10	\$1.00-\$2.00*	AWP - 10.5%

\$1.00 for prescriptions up to \$29.99; \$2.00 for prescriptions costing more than \$30.00.

Source: First Data Bank

The following products not covered: 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300.

Oregon	 Section 1985	grande in the	and the second	, Keb	ruary 2	1994
	 	4			~~~~;	

10 13 1 - 2012 red 1) Formulary - No state formulary for generic substitution

Medicare - (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653	

Product	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut:	ion Administered thr	ough DME
Not Otherwise Class.	J7799	
Drugs Other than Inhair	or too boministered c	अक्षतः स्टब्स्

All sodium chloride and water products are considered part of the medication costs and will not be reimbursed if billed separately.

## 3) Medicaid

Dispensing Fee	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.67 - \$4.02	•	AWP - 11%

## Pennsylvania

130 10 130 10 130 10

06-10c

103 00 110-03 110-03 110-05 110-05 130-03 February 2, 1994

Formulary - Must be on state formulary for generic substitution

## 2) Medicare - (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10%	J7610	\$1.34/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 0.083%	J <b>7</b> 620	\$0.47/mL
Blairex sterile saline 3 oz.	A4610	\$1.19
Blairex sterile saline 8 oz.	A4610	\$2.27
Blairex sterile saline 12 oz.	A4610	\$3.41
Cromolyn Sodium/20 mg	J7630	\$0.71/mL
Isoetharine 0.1%	J7650	\$0.34/mL
Isoetharine 0.125%	J7651	\$0.22/mL
Isoetharine 0.167%	J7652	\$0.29/mL
Isoetharine 0.2%	J7653	\$0.34/mL
Isoetharine 0 25%	J7654	\$0 40/mL
Metaproterenol 0.6%	J7672	\$0.44/mL
Metaproterenol 0.4%	J7670	\$0.44/mL
Not Otherwise Class.	J7699	IC
Drugs, Inhalation Solut	ion Administered	through DME
Not Otherwise Class.	J7799	IC
Drugs, Other than Laha.	ation Administers	id through DME
Sodium Chloride 0.45%		0.23 5 ml each
Sodium Chloride 0.9%	A4610 \$	
Sodium Chloride 0.9%	A4610 \$	0.24 5 ml each

## Product

## Code

## Allowable

Amounts or methods of medication not included would be given individual consideration upon receipt of the claim submission. Special documentation necessary for consideration of sterile water (patient not able to mix themselves or has no family member). Use A4610 for sterile water and saline. Redbook as source

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.50	\$1.00	AWP

Source: Blue Book

No water products covered. Sodium chloride products covered only if considered "legend drugs".

## Puerto Rico

February 2, 1994

- Formulary Must be on formulary for generic substitution.
- 2) Medicare

Acetylcysteine 10% J7610 Acetylcysteine 20% J7615 Albuterol 0.083% J7620 Isoetharine 0.167% J7652 Isoetharine 0.2% J7653 Isoetharine 0.25% J7654 Metaproterenol 0.6% J7672	Product	<u>Code</u>	<u> Allowable</u>
recaprocession 0.4% 0/6/0	Acetylcysteine 20% Albuterol 0.083% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.25%	J7615 J7620 J7652 J7653 J7654	

3) Medicaid - No action

Rhode Island February 2, 1994

- $C^2 = 11$ Formulary Not necessary to be on state formulary for generic substitution
  - Medicare -2)

Sodium chloride and sterile water for inhalation with nebulivers are not covered by Medicare

3) Medicaid

Dispensing Fee

Co-Pay

Reimburse. Basis

\$3.40

AWP

## South Carolina

10 . () 423 CC

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080-05

530-03

130-05

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810.03

\$10-05 \$30-05

J30-03 330-05

030.20

501-20 502-00 503-03 50-03

630.03

February 2, 1994

- Formulary No state formulary for generic substitution
  - 2) Medicare -

82003/82005/83003/83005 - Local code #W4200 (\$0.22 allowable)
83015 - local code #W4200 (3 units) - (\$0.66 allowable)
50120/50300 - not reimbursable
81003/81005 - national code J7699 - (individually considered)
Uses Redbook or Medispan.for source documentation

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.05	\$1.50	AWP - 9.5%

Source: First Data Bank

All products covered except 03003, 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300. These products require special authorization for coverage.

## 

February 2, 1994

- Formulary No state formulary for generic substitution
  - 2) Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharing 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

Product Code Allowable

Not Otherwise Class. J7699
Drugs, Inhalation Solution Administered through DME
Not Otherwise Class. J7799
Drugs, Other than Inhalation Administered through DME

Use national code A4610 (with description) for those drugs not listed. Raimbursement is based on AWP of Redbook for all localities.

### 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.75	\$1.00	AWP - 10.5%

# Tennessee

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1630-03 1630-05

7630-10 7630-15 7810-03

1980-83

30-05

February 2, 1994

Formulary - Must be on state formulary for generic substitution

2) Medicare -

Reimbursement for saline or sterile water is limited to the charge for the solution components, unless it is medically documented that the beneficiary, due to his/her physical or mental state, is unable to safely or effectively mix the solutions and there is no family member or other person available who can do this.

## 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.91		AWP - 8%

Texas.

5520 521

JO 50831-0%

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Section Formulary - No state formulary for generic substitution

Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.34/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 1 083%	J7620	\$0.47/mL
Cromolyn Sodium/20 mg	J7630	\$0.76/mL
Isoetharine 0.1%	J7650	\$0.85/2.5cc
Isoetharine 0.125%	J7651	\$0.85/4 cc

Product	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.25% Metaproterenol 0.6% Metaproterenol 0.4% Not Otherwise Class. Drugs, Inhalstick So	J7 199	
Drugs Other than In	nhalation Admini	stered through DME

Texas Medicare Carrier will use the NDC number to price bronchodilator medications using the most current edition of Redbook.

## 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse.	Basis	
*		Wholesaler	Cost	+

\* Amount paid pharmacy equals (EAC + \$4.55) divided by 0.930 + .10

Date Source: Pharmaceutical Companies

All drugs covered except the following sodium chloride solutions: 03003, 03005, 03010, 63003, 63005, 64015, 64115, 82003, 82005, 83003, 83005; Nebu-Sol 50120; and Water.

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ucan		3 .	ユーブポジュきべい			renruary	2,1332

10.03 reference 1)
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) Formulary - Must be on state formulary for generic substitution

2) Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.25% Metaproterenol 0.6%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654 J7672	VIIOMSDIE
Metaproterenol 0.4%	07070	

Vi	ra	i	n	i	а

12: 10

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1.0%

160-03 160-03 160-03

630-05 130-15 310-05 130-05 15 February 2, 1994

್ಲೋಭ್) Formulary - Must be on state formulary for generic substitution

2) Medicare - (Use national codes)

Product	<u>Coqë</u>	Allowable
Acetyloysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J76 <b>9</b> 9	
Drugs, Inhalation Sol	lution Administe	red through DME
Not Otherwise Class.		<del>-</del>
Drugs, Other than Inl	nalation Adminis	tered through DME

Medicare does not have allowances and procedure codes for the breakdown of dosages as listed for saline and water, however the following are covered: Sodium Chloride 30 cc vial - J2912 (Allowance: \$1.61)

Water 30 cc vial - A4214 (individual consideration by medical department).

## 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.40	\$1.00	AWP - 9%

### Washington

February 2: -1994

17-0-1053 - 5-11022 10-05 110-03	ੱ' <sup>ਹ</sup> 1)	Formulary - No state substitution	formulary for generic
,10·0 <del>5</del>	2)	Medicare - Returned.	Not deliverable as add

- 2) Medicare Returned. Not deliverable as addressed. Resubmitting information request.
- 3) Medicaid

Dispensing Fee	<u>Co-Pay</u>	Reimburse, Basis
\$3.65 - \$4.50	\$1.00	EAC = AWP - (.89)

West Virginia 2, 1994

1030-557 -coleration Formulary - Uses FDA Therapeutic Equivalency List 030-05 650-10 937-60 (Orange Book)

2) Medicare - (Use national codes)

	Product	<u>Code</u>	<u> Allowable</u>
10000000000000000000000000000000000000	Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Metaproterenol 0.6% Metaproterenol 0.4% Not Otherwise Class. Drugs, Inhalation Solut	J7670 J7699 tion Administered th	rough DME
30.15	Drugs, Other than Inhal	lation Administered	through DME

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$2.75	\$0.50 - \$1.00	AWP

Source: Red Book

## Wisconsin

February 2, 1994

30 (2.5 / 30 (55	2000401	Formulary . Must be on state formulary for generic substitution	
30-10 30-20	2)	Medicare - (Use national codes)	

30-20	-,dada (05C IId	cronar codes,	
03-00 1 <b>0</b> -03	Product	Code	Allowable
808933355 000000000000000000000000000000000	Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Metaproterenol 0.6%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654 J7672	
	Metaproterenol 0.4%	J7670	

Product Code Allowable

Not Otherwise Class. J7699

Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799

Drugs, Other than Inhalation Administered through DME

Procedure code for sodium chloride inhalation is A4323-52 and is reimbursable at \$9 34/1000mL

### 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.69*	\$1.00	AWP - 10%

\*\$6.67 for unit-dose products

## Wyoming

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

Use national code A4610 (with description). Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.70	\$1.00	AWP ~ 4%*

OTC Products: 150% of AWP + 4.70 Legend Products: AWP 4% + 4.70

Source: Blue Book

## Key:

AAC	Actual Acquisition Cost	
AWP	Average Wholesale Price	
DME	Durable Medical Equipment	
EAC	Estimated Acquisition Price	
DESI	Less-than-effective	
HCFA	Health Care Financing Administration	
HHS	Health and Human Services	
MAC	Maximum Allowable Cost	
PA	Prior Authorization	
WAC	Wholesale Acquisition Cost	